MRN_____

Safety Screening Form for MRI

Date: _____

Name: _____

Age: _____ *Date of birth:* _____

Required - *Height:* _____ *Weight:* _____

Pacemaker/Defibrillator	◯ *Yes*	◯ *No*	*Infusion pump /Pain Pump*	◯ *Yes*	◯ *No*
Implanted heart monitor	◯ *Yes*	◯ *No*	*Dentures/Partials/Braces*	◯ *Yes*	◯ *No*
Heart Valve replacement	◯ *Yes*	◯ *No*	*Metallic ink tattoos*	◯ *Yes*	◯ *No*
Hearing Aid	◯ *Yes*	◯ *No*	*Body Piercings*	◯ *Yes*	◯ *No*
Cochlear implant	◯ *Yes*	◯ *No*	*Pregnant/Breast feeding*	◯ *Yes*	◯ *No*
Electrical Implants	◯ *Yes*	◯ *No*	*Metal fragments anywhere*	◯ *Yes*	◯ *No*
Stents/coils/Filters	◯ *Yes*	◯ *No*	*Currently on dialysis*	◯ *Yes*	◯ *No*
Shunt with magnetic valve	◯ *Yes*	◯ *No*	*Renal Insufficiency*	◯ *Yes*	◯ *No*
Brain aneurysm clips	◯ *Yes*	◯ *No*	*Magnetic breast tissue expander*	◯ *Yes*	◯ *No*
Glucose Monitor/Pain patch	◯ *Yes*	◯ *No*			

As part of your examination, the radiologist may deem it advisable to give you an I.V. injection of a contrast agent containing gadolinium. However, our radiologists reserve the right to deny contrast for your exam if not considered necessary according to the ACR guidelines due to the potential impact contrast may have on the kidneys. Although gadolinium contrast agents have been used safely in millions of cases, minor reactions (headaches and nausea) occur in about 2% of patients, whereas serious life-threatening reactions have been reported in about 1 in 400,000.

Have you ever had a previous allergic reaction to gadolinium contrast material? *Yes* ◯ *No* ◯

Any previous exams related to this body part? When? Where? _____

_____

List prior surgeries: _____

_____

_____

I attest that the answers I have provided to questions on this form are correct to the best of my knowledge. I have read and understand the entire contents of this form and have the opportunity to ask questions regarding the information on this form.

Signature _____ *Date* _____